

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/583625

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2						
3		1		1		
4		1		1		
5		1		1		
6		4		1		
7		4		1		
8		0		1		
9		0		1		
10		0		1		
11	1		1			
12		1		1		
13		1		1		
14		1		1		
15		4		1		
16		4		1		
17		4		1		
18		0		1		
19		0		1		
20		0		1		
21	1		1			
22		1		1		
23		1		1		
24		1		1		
25		4		1		
26		4		1		
27		4		1		
28		0		1		
29		0		1		
30		0		1		
31	1		1			
32		1		1		
33		1		1		
34		1		1		
35		4		1		
36		4		1		
37		4		1		
38		0		1		
39		0		1		
40		0		1		
41		0		1		
42				1		
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.		↓	4	↓		↓
TOTAL DEP.		←	38	←		←
TOTAL CLAIMS		42				

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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95						
96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						